## **Public Health Case Record Checklist**

Client:	DOB:	M-C ID:		
Case Mgr:	ocation:			
Dates of Service:				
Review the case file to determine if the Least one of following criteria/requireme		client's need(s). The client's need must meet at ne Public Health target population:		
Medi-Cal eligible high-risk persons identifier including the following individuals:    Women, infants, children and you have been persons with HIV/AIDS   Persons with reportable communical pregnant women   Persons who are technology decent persons who are medically frager persons with multiple diagnoses.	oung adults to age 2° inicable diseases ependent ile	for public health case management services  1		
Identify at least one of the service comp	onents used to assi	sist the client in meeting their need(s):		
	ving clothing clude the following: ied service needs and/or agencies to v	n individual:  which the beneficiary will be referred  f the activities and specific strategies to achieve		
☐ Linkages, Consultations, and Referrals				
□ <b>Follow-up</b> , required within 30 days, to in  Beneficiary received referral se  Services met the beneficiary's r	rvices			
	transportation to medo facilitate communic	edical, social, educational, and other services cation between the beneficiary and the case		
□ Crisis Assistance Planning – must include — Evaluates, coordinates, and arrorduce a crisis situation		ving: rvice or treatment needed to avoid, eliminate, or		
□ Periodic Review  Completed at least every six more Conducted by the case manager Approved by the case manager.	er in consultation with	n the beneficiary		

#### **Outpatient Clinics Case Record Checklist**

Client:	DC	)B:	M-C ID:
Case Mgr	r: Location	า:	
Dates of Service:			
			client's need(s). The client's need must meet at e Outpatient Clinics target population:
services i	• .		edical services and who need case management able to access or appropriately use services,
 	<ul> <li>□ Have demonstrated noncompliance wi</li> <li>□ Are unable to understand medical dire</li> <li>□ Have no community support system to</li> </ul>	ctions becaus assist in follo	se of language or other comprehension barriers
Identify a	at least one of the service components	used to ass	ist the client in meeting their need(s):
	sment – must include the following as rel Medical/mental condition Training needs for community living Vocational/educational needs Physical needs, such as food & clothin Social/emotional status Housing/physical environment Familial/social support system		n individual:
	rehensive Service Plan – must include to Actions required to meet identified service Community programs, persons, and/or Description of the nature, frequency, a service outcomes	vice needs agencies to v	which the beneficiary will be referred f the activities and specific strategies to achieve
□ Linkag	ges, Consultations, and Referrals		
	<b>ν-up</b> , required within 30 days, to include that Beneficiary received referral services Services met the beneficiary's needs	ne following:	
		ortation to me ate communic	dical, social, educational, and other services cation between the beneficiary and the case
□ Crisis / ——	Assistance Planning – must include one _ Evaluates, coordinates, and arranges reduce a crisis situation		ring: rvice or treatment needed to avoid, eliminate, or
	lic Review  Completed at least every six months Conducted by the case manager in co Approved by the case manager's supe		n the beneficiary

### **Public Guardian Case Record Checklist**

Client:	DOB:	M-C ID:	
Case Mgr:	Location:		
Dates of Service:			
Review the case file to determine if t least one of the following criteria/red			
Medi-Cal eligible individuals who are 18 □ who have exhibited an inab □ who are under conservators	ility to handle perso		
Identify at least one of the service co	omponents used to	assist the client in meet	ing his or her need(s):
□ Assessment – must include the followard Medical/mental condition Training needs for communication Vocational/educational nee Physical needs, such as for Social/emotional status Housing/physical environm Familial/social support systems	nity living ds od & clothing ent	each individual:	
Comprehensive Service Plan – mu Actions required to meet ide Community programs, pers Description of the nature, free service outcomes	entified service need ons, and/or agencie	ds s to which the beneficiary v	
☐ Linkages, Consultations, and Refe	errals		
□ <b>Follow-up</b> , required within 30 days,  Beneficiary received referra  Services met the beneficiar	l services	ing:	
Assistance in Accessing Services Arranging appointments an Arranging translation service manager, or the beneficiary	d/or transportation to es to facilitate comm	o medical, social, education nunication between the ber	
□ Crisis Assistance Planning – must Evaluates, coordinates, and reduce a crisis situation		_	ded to avoid, eliminate, or
□ Periodic Review  Completed at least every si  Conducted by the case man	nager in consultation	າ with the beneficiary	

# Aging and Adult Services/Linkages Case Record Checklist

Client:	DOB:	M-C ID:	
Case Mgr:	Location:		
Dates of Service:			
1. Review the case file to determ least one of the following criteri			lient's need must meet at
•	duals who are 18 years or open them from becoming ins		need of assistance to access
2. Identify at least one of the ser	vice components used to	assist the client in meeting	ng his or her need(s):
□ Assessment – must include the Medical/mental conditionTraining needs for come vocational/educationalPhysical needs, such a social/emotional statusHousing/physical enviring Familial/social support	on nmunity living needs as food & clothing s onment	ch individual:	
	et identified service needs persons, and/or agencies t	to which the beneficiary will l	be referred c strategies to achieve service
☐ Linkages, Consultations, and	Referrals		
□ Follow-up, required within 30 d Beneficiary received re Services met the bene	eferral services	ā:	
	ts and/or transportation to r	medical, social, educational, nication between the benefic	and other services ciary and the case manager,
□ Crisis Assistance Planning – n Evaluates, coordinates a crisis situation		_	to avoid, eliminate, or reduce
□ Periodic Review– must includ  Completed at least eve  Conducted by the case  Approved by the case	ery six months e manager in consultation w	vith the beneficiary	

### **Adult Probation Case Record Checklist**

Client:	DOB:	M-C ID:	
Case Mgr:	Location:		
Dates of Service:			
	termine if the LGA identified to wing criteria/requirements for		
	persons who are 18 years of ago nd are in need of assistance in		
2. Identify at least one of the	service components used to	assist the client in meet	ting his or her need(s):
□ Assessment – must include	community living onal needs uch as food & clothing tatus environment	ch individual:	
Actions required to Community progra	lan – must include the following o meet identified service needs ims, persons, and/or agencies t nature, frequency, and duration	o which the beneficiary wil	
☐ Linkages, Consultations,	and Referrals		
□ <b>Follow-up</b> , required within 3 Beneficiary receive Services met the b		j:	
Arranging appointr Arranging translati	Services – must include one of ments and/or transportation to ron services to facilitate communications and other agencies of	nedical, social, educationa nication between the bene	
	<b>g</b> – must include one of the follo tates, and arranges immediate s ation		ed to avoid, eliminate, or
	_	vith the beneficiary	

# **Community Case Record Checklist**

Client:	DOB:	M-C ID:	
Case Mgr:	Location:		
Dates of Service:			
Review the case file to determine if the least one of following criteria/required		• •	
Medi-Cal eligible adults and children at or social outcomes, including individua  Abuse alcohol or drugs, or  Are at risk of physical, sexual Are at risk of neglect	ls who: both	•	al, psychological,
Identify at least one of the service co	omponents used to	assist the client in meeting their	need(s):
Assessment – must include the followard for the followard for a medical/mental condition for a medical for community for a medical for community for a medical for a medical formation for a medical f	nity living ds od & clothing ent	each individual:	
	entified service need ons, and/or agencie		
☐ Linkages, Consultations, and Refe	errals		
□ <b>Follow-up</b> , required within 30 days, Beneficiary received referra Services met the beneficiar	al services	ing:	
	d/or transportation to ses to facilitate comm	o medical, social, educational, and o nunication between the beneficiary a	
□ Crisis Assistance Planning – must Evaluates, coordinates, and reduce a crisis situation		ollowing: te service or treatment needed to avo	oid, eliminate, or
☐ Periodic Review  Completed at least every s  Conducted by the case man  Approved by the case man	nager in consultatior	າ with the beneficiary	

## **Encounter Log Checklist**

Verify if the following items from the encounter log match the client's case record(s):

	YES	NO	COMMENTS
Client's full name:			
Date of Birth:	_		
Medi-Cal ID/SSN:	_		
Case Mgr Name: Case Manager's Signature/Initials on	_ 🗆		
Encounter Log:			
Type of Contact (Circle One): Office Clinic Home Phone:		I	
Is there an explanation?			
Why was contact by phone?			
Other:		ĺ	
Does a description exist?			
Type of Services Provided:			
<ul> <li>□ Assessment</li> <li>□ Comprehensive Service Plan/</li> <li>□ Linkages, Consultation/Referr</li> <li>□ Assistance in Accessing Servi</li> <li>□ Crisis Assistance Planning</li> <li>□ Periodic Review (requires sup</li> </ul>	al Services	/ices	